

**Plaza West Regional Health Center**  
**1570 SW Westport Drive**  
**Topeka, KS 66604**  
**(785) 271-6700**

**APPLICATION FOR EMPLOYMENT**

*Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify the receptionist.*

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone – Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
The best time to call is: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give the dates and job title \_\_\_\_\_

Are you legally eligible for employment in this country? Yes \_\_\_\_\_ No \_\_\_\_\_  
\*Proof of citizenship or immigration status will be required upon employment.

Date available for work \_\_\_\_\_

Type of work desired Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ PRN \_\_\_\_\_

Shift desired \_\_\_\_\_

Are you able to meet the attendance requirements of the position? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you work overtime if needed/required? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Such conviction may be relevant if job related, but does not bar you from employment.  
If yes, please explain \_\_\_\_\_

For CNA applicants, please provide your Kansas registry number \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

# EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience:

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**Employer:** \_\_\_\_\_ **Telephone:** ( ) ( ) **Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_

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**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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**Job Title:** \_\_\_\_\_ **Beginning Wage:** \_\_\_\_\_ **Ending Wage:** \_\_\_\_\_

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**Immediate Supervisor:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

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May we contact for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Telephone:** ( ) ( ) **Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_

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**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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**Job Title:** \_\_\_\_\_ **Beginning Wage:** \_\_\_\_\_ **Ending Wage:** \_\_\_\_\_

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**Immediate Supervisor:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

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May we contact for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Telephone:** ( ) ( ) **Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_

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**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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**Job Title:** \_\_\_\_\_ **Beginning Wage:** \_\_\_\_\_ **Ending Wage:** \_\_\_\_\_

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**Immediate Supervisor:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

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May we contact for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Employer:** \_\_\_\_\_ **Telephone:** ( ) ( ) **Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_

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**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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**Job Title:** \_\_\_\_\_ **Beginning Wage:** \_\_\_\_\_ **Ending Wage:** \_\_\_\_\_

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**Immediate Supervisor:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

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May we contact for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Explain any gaps in employment-** \_\_\_\_\_

**Skills & Qualifications**-Summarize any special training skills, licenses, certificates, and/or characteristics that may qualify you as being able to perform job related functions for the position for which you applying: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

List the last three (3) schools attended, starting with the most recent.

**Name of School:** \_\_\_\_\_ **Completed:** \_\_\_\_\_ **Degree/Diploma:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**List any foreign languages that you can speak fluently:** \_\_\_\_\_

**REFERENCES:**

List the name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related you.

<b>Name:</b>	<b>Telephone Number:</b>
_____	( ) _____
_____	( ) _____
_____	( ) _____

**List any professional, trade, business, or civic associations and any offices held.**  
(Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

<b>Name of Organization:</b>	<b>Office held:</b>
_____	_____
_____	_____
_____	_____

**List any additional information you would like us to consider:** \_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Plaza West Regional Health Center the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

The Plaza West Regional Health Center is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is Plaza West Regional Health Center's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

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Signature of applicant

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Date